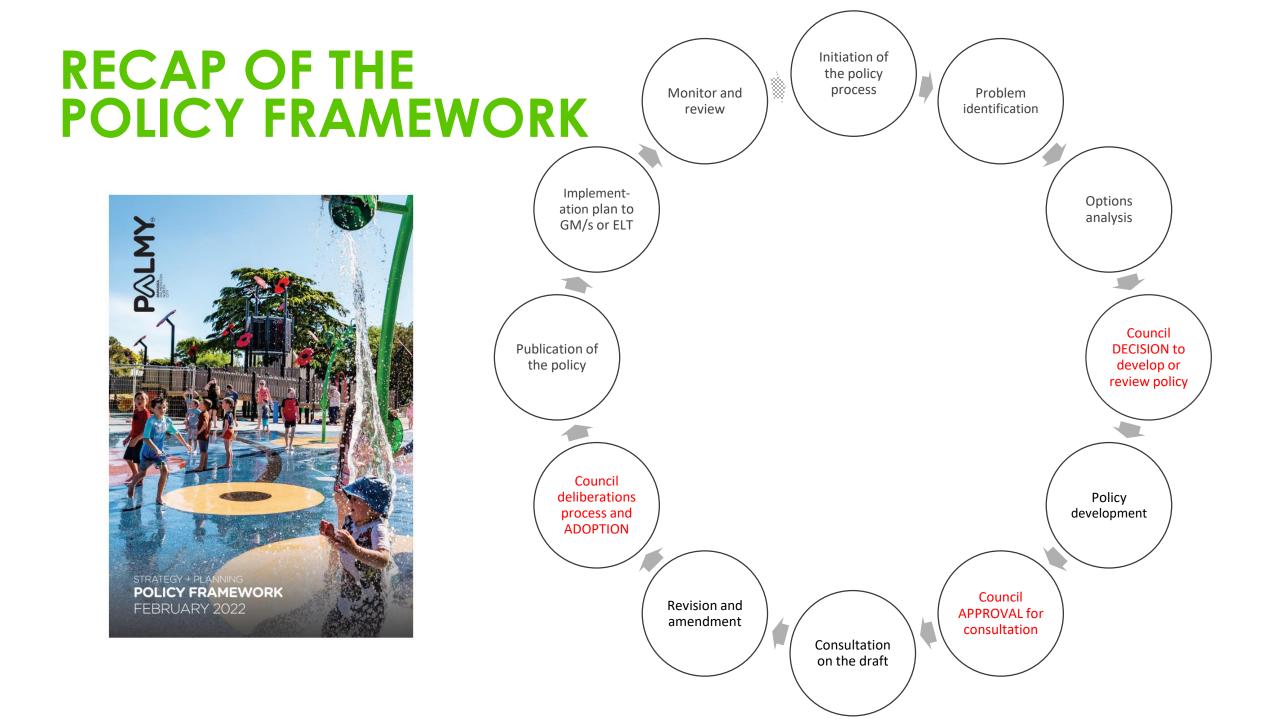
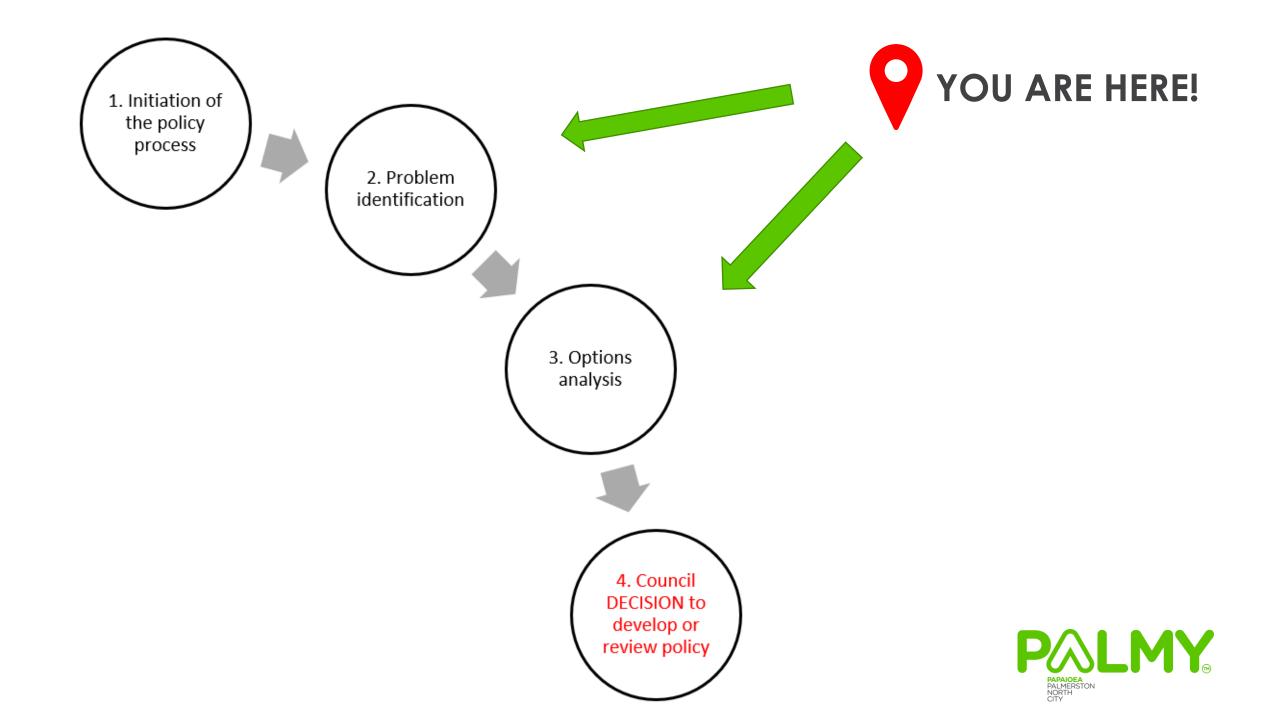
HEALTH POLICIES

SUN PROTECTION, HEALTHY BEVERAGES AND AUAHI KORE SMOKEFREE AND VAPEFREE







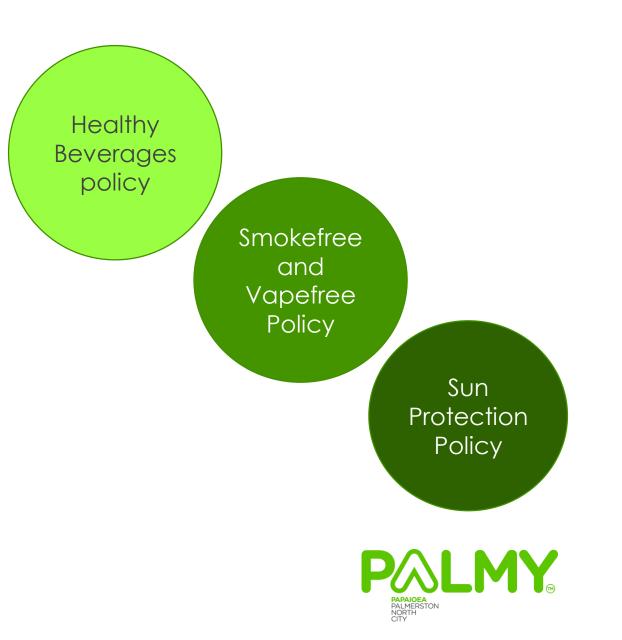
HEALTH POLICIES – OUTLINE OF THE WORKSHOP

Ø	Background
â	Strategic Drivers
\wedge	Evidence
88	Workshop Activity
U	How is it going?
	Analysis of Options
?	Question Time
명	Tentative Timeline



BACKGROUND

- Initiated by the long overdue review of the Sun protection policy (adopted in 2010).
- Opportunity to scope the possibility of combining Council's 'health promotion' type policies.
- What are the commonalities?
 - Lifestyle choices that can lead to preventable health issues.
 - Similar objectives minimise harm, influence conditions that lead to healthier outcomes for residents + visitors, slow or stop health inequities
 - Use of similar levers/mechanisms

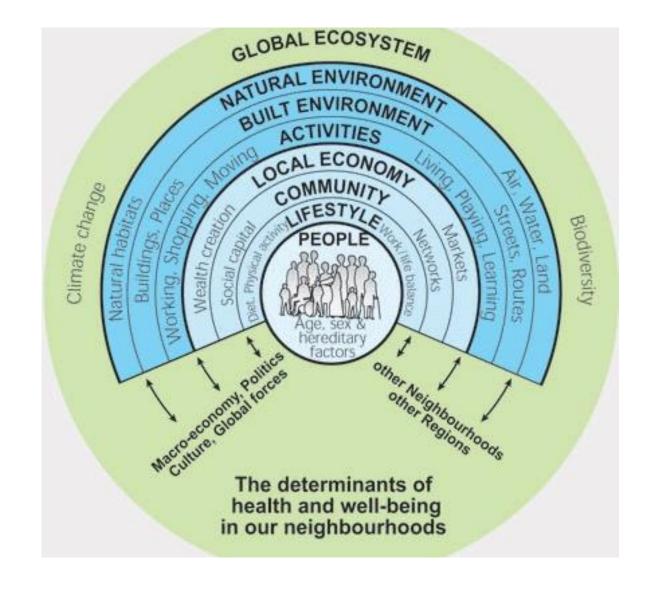


STRATEGIC DRIVERS

Why should Council care?

Connected Communities Strategy:

"Community Wellbeing includes all aspects of health, te whare tapa whā, and includes the promotion of physical wellbeing. The 'determinants of health' is the term used to describe the things that influence people's health. The determinants of health include; the social and economic environment, the physical environment, and a person's individual characteristics and behaviours. Community venues, events and public spaces all provide opportunities to improve the health of communities".





PROPOSED STRATEGIC DIRECTION

Proposed Community safety and health plan

"We want to be a healthy city, where our community is safe and feels safe".

This plan contributes to our proposed LTP Goal 3 outcomes for our communities to have:

- the support they want to live healthy lives
- access to safe and accessible community places



EVIDENCE – MELANOMA AND SKIN CANCERS

-Over exposure to UV rays can increase a person's likelihood of developing melanoma or other skin cancers.

-In NZ 47% of cancer deaths are caused by lung, colorectal, breast, prostate cancer and melanoma.

-NZ Cancer registry – most commonly registered cancers were breast, prostate, colorectal, melanoma and lung. Table 12: Most common causes of cancer registrations by ethnicity,five years 2016-2020 and five-year net survival rates for 2013/14 registrations

CANCER TYPE	AVERAGE REGISTRATIONS PER YEAR 2016-2020				FIVE-YEAR NET SURVIVAL RATE			AVERAGE DEATHS PER YEAR 2016-2020
	ALL	MĀORI	PACIFIC	NON-MÃORI NON-PACIFIC	ALL	MĀORI	NON- MĀORI	ALL
Prostate	3,961	322	128	3,511	87%	85%	87%	681
Breast	3,441	481	186	2,774	85%	83%	85%	675
Colorectal	3,229	246	84	2,898	61%	53%	61%	1,234
Melanoma	2,648	57	7	2,585	90%	89%	90%	320
Lung	2,384	511	122	1,751	12%	9%	13%	1,786
Other	10,163	1,292	563	8,308				5,051
Total	25,826	2,909	1,090	21,827	61%	51%	62%	9,747

Source: NZ Cancer Registry, NZ Mortality data collection using the cohort method, ethnic specific life tables and Pohar Perme



EVIDENCE – TOBACCO SMOKING

- Tobacco smoking is the most significant cause of premature and preventable death and morbidity in Aotearoa NZ
- Key driver of inequities in health outcome for Māori and Pacific people.
- Latest prevalence data (NZHS 2021/22) shows smoking rates continuing to decline overall (8.0% of adults were smoking daily down from 9.4% the previous year), however large inequities remain (Māori 19.9%, Pacific People 18.2% and European/Other 7.2%).
- Recent declines in smoking rates for Māori correspond to increasing in rates of vaping.

	Palmerston North City Territorial Authority: 040								
_	Percentage of regular cigarette smokers in Palmerston North City:								
)/									
	20%	138	13	%					
	2006	2013	201	8					
	Palmerston North City								
New Zealand regular smokers									
	Census population	200	6 2013	2018					
	Regular smoker	11,73	9 8,403	8,577					
	Ex-smoker	11,57	1 12,450	14,241					
	Never smoked regularly	34,34	1 37,701	45,114					
			1 37,701 8 58,551						
	Never smoked regularly	57,64		67,932					



EVIDENCE - VAPING

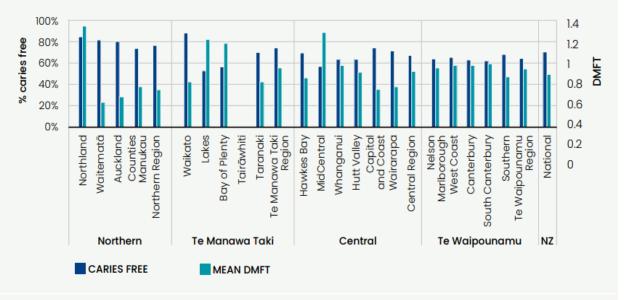
- Vaping is recommended method for quitting smoking.
- Becoming more common in Aotearoa NZ. NZHS 8.3% adults report they used e-cigarettes daily in 2021/22, up from 6.2% in 2020/21 and 3.5% in 2019/20.
- Daily vaping was highest in 2021/22 among 18-24yrs (22.9%), up from 15.3% in 2020/21.
- Among year 10 students 18.2% reported vaping regularly in 2022.
- Māori girls and boys had the highest rates of regular vaping (39% and 29% respectively), followed by Pacific girls (22%) and boys (17%).



EVIDENCE – SUGAR SWEETENED BEVERAGES

- On average people in Aotearoa consume 37 teaspoons of sugar per day in food they eat and what they drink. Toi Te Ora (public health) advise adults should consume no more than 6 teaspoons of sugar per day, and children no more than 3 to 4 teaspoons per day.
- A 2019 study by Auckland University found that compared to sugar in solid food, sugar in drinks carries a greater risk of causing harmful metabolic changes that lead to chronic illnesses such as obesity and diabetes. This is due to concentration, quantity and the speed with which sugar is metabolised when consumed in liquid rather than solid.

Figure 142: Oral health status, year 8 by district, 2021



Note: no Tairāwhiti data due to collection issues Source: MoH COHS data 2021



WORKSHOP ACTIVITY

• What is Council's role in public health, beyond those things that are mandated by legislation?



AUAHI KORE SMOK POLICY

What's working well?

- Annual campaign to raise awareness of the City's smokefree and vapefree objectives.
- Council has written submissions to central government in support of the Smokefree Aotearoa 2025 objectives.
- Works well with other organisations working in smokefree and vapefree space.
- Collaborations to encourage smokefree and vapefree environment including influencing other local government authorities.

What can be improved?

- Update to signs to include vapefree is ongoing work and has not been fully implemented.
- Feedback from the community through the annual awareness campaigns is that people are still smoking and vaping in parks, playgrounds and other public places.
- Building on successful educative initiatives like the annual awareness campaigns.



HEALTHY BEVERAGES POLICY

What's working well?

- Officers are aware of the policy and do their best to implement.
- The policy has prevented sale of SSB through main contracted caterers in CET Arena and the Conference Centre. Healthier alternatives have been sold to members of the public instead.

What can be improved?

- Reference to the policy has only been recently introduced to guidelines in funding grants for community events. Therefore, too early to measure their success.
- Potential to increase the reach of the policy particularly to lido suppliers, mobile vendors operating out of Council parks and reserves, I-site supplies and CCOs.
- No educative initiatives to create understanding around encouraging healthier alternatives to SSB.



SUN PROTECTION POLICY

What's working well

- Awareness amongst staff
- Increased planning and budget for natural shade in playgrounds, parks, and sports fields.
- Each suburb reserve will have a pergola installed before the end of this financial year.
- ✤ Shade sails in Wildbase Recovery.
- Sun protection measures identified in event planning.

What can be improved?

- The policy suggestion to limit events during high sun times is impractical to implement.
- No capital budget to implement standard shade options at events.
- Natural shade is preferred, consistent guidelines needed for planting and maintaining to ensure condition and longevity of trees.
- Minimum standards and requirements are clearly stated within the policy.
- No educative initiatives to create understanding.



ANALYSIS OF OPTIONS

Criteria	Status Quo	Educational Awareness	Rules for public places and events	Working with partners	Funding community initiatives	Advocate to central government
Effectiveness – will the chosen mechanism contribute to solving the perceived problem?	0]	1]]]
Legal feasibility – Will the chosen mechanism be legally possible to implement?	1]	1]	1	1
Public acceptance and support – will the chosen mechanism be publicly accepted and supported?	0	1	1	1	1	1
Complementary – Will the chosen mechanism complement already existing initiatives?	0	1	1	1	1	1
Cost efficient – will the chosen mechanism be affordable?	1	1	1	1	1	1
Total	2	5	5	5	5	5

QUESTION TIME

- So, given:
 - the current situation
 - Council's approach to date
 - the ideas you shared about Council's role in responding to health issues
 - our proposal to approach public health issues more holistically
- What do you think the focus should be for Council in responding to these issues?



TENTATIVE TIMELINE



